| Date: _ | | | | | D. | _ | – Inter | on Cas vention n Agg | n Plar | 1 – | | | | | | | | |
|-------------------------------|---|--|----------------------------|--|---|---------------------|-------------|--|--|-----------|------------|---|----------|-------|-----------------------|---|----|-------|
| | | Complete a separate form for each primary population served by this type of intervention | | | | | | | | | | | | | | | | |
| [1] [2] | Jurisdiction ID: Number of prevention cas interventions this form de | | Mark the describe multiple | Population the risk popules. If an in the risk populery and one so | oulation thin tervention ulations, ch | serves noose one | | • MSM • MSM/II • IDU • Heterose | | n | [4] | [4] Secondary Population MSM MSM/IDU IDU Heterosexual | | | | | | |
| | | | populat disting | ation. [See in guishing ber dary risk po | instruction tween prin | s for nary and | | Mother with/at risk for HIV General Public | | | | Mother with/at risk for HIV General Public | | | | | | |
| CBO - N | Number of PCM interventi Minority Board Non-Minority Board ommunity | ions for th | State Local | Dopulation Health Dep I Health De r Governme | partment epartment | | y the follo | Ac Re | es of age cademic In esearch Ce adividual | stitution | ral should | d equal nu | umber in | Other | Agency se specify) | | | |
| [6] C | Clients To Be Served With | 20 – 29 y | 20 – 29 years old | | | | ears old | | Ą | ge data n | ot availal | ble | | | | | | |
| F | CDC Funds § (M=male; =female; T=transgender; NT=sex not targeted) | М | F | Т | NT | М | F | Т | NT | М | F | Т | NT | М | F | Т | NT | TOTAL |
| American Indian/Alaska Native | | | | | | | | | | | | | | | | | | |
| Asian/Pacific Islander | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | | | | | | | | |
| Black | | | | | | | | | | | | | | | | | | |

| Hispanic | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|
| Non-Hispanic | | | | | | | | | |
| TOTAL | | | | | | | | | |

[§] The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

Other

TOTAL

Prevention Case Management—Intervention Plan Jurisdiction Aggregate P. 2

| [9] | Notes/Comments Field: |
|-----|-----------------------|
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